SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000085903

CLASSIC INTERIORS, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90166 042 ***150.00



Principal Place of Business 3000 NE 48 CT. 8 W 303 LIGHTHOUSE POINT FL 33064-0000		Mailing Address 3000 NE 48 CT. SM 303 LIGHTHOUSE POINT FL 33064-0000				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
On Marillan Address						10/05/1998 4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address						1.45	
21	26]					65-0889754 Not Applicable S8,75 Additional	
22						5. Certificate of Status Desired Fee Required	
City & State	City & State	y & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country 25	Zip 29	Cou 30	ntry		This corporation owes the current year Intangible Personal Property. Yes No	
_=-1	9. Name and Address of Curre		,			10. Name and Address of New Registered Agent	
				81	Name		
AIELLO, EDWARD J 16 3000 NE 48 CT., \$40 303 LIGHTHOUSE POINT FL 33064					Ctroot	non (D.O. Boy Number in Not Accounts)	
				82 83			
E-1-4-1 1							
ı				84	City	FL 85 Zip Code	
office or a gent. I a	to the provisions of sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	d by	the corp	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sig				ent signatu	re required when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		DELETE	1.1 TITLE			President, (original D Change Addition	
NAME			1.2 NA	ME		Edward J. Aiello	
STREET ADDRESS			1.3 STREET ADD		ADDRESS	3000 NE 48th. Ct. #303	
CITY-ST-ZIP			1.4 CIT		ZIP	Lighthouse Point, Fl.33064	
TITLE		DELETE	2.1 TI	2.1 TITLE		Change Addition	
NAME			2.2 NAM				
STREET ADDRESS			2.3 STR		ADDRESS		
CITY-ST-ZIP			2.4 CI	2.4 CITY-ST-ZIP			
TITLE		DELETE 3.1 T		TLE		Change Addition	
NAME	3.2		3.2 NA	3.2 NAME			
STREET ADDRESS			3.3 ST		ADDRESS		
CITY-ST-ZIP			3.4 CITY		ZiP		
TITLE	DELETE 4.11		4.1 TI	4.1 TITLE		Change Addition	
NAME	4.2		4.2 NA	4.2 NAME			
STREET ADDRESS			4.3 ST	REET	ADDRESS		
CITY-ST-ZIP			4.4 CI	4.4 CITY-ST-ZIP			
TITLE	DELETE 5.1		5.1 TI	5.1 TITLE		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE		ADDRESS		
CITY-ST-ZIP			5.4 CITY-S		ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NA	ME			
STREET ADDRESS	DRESS 6		6.3 ST	6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CI				
indicated of	on this angual report or supplemental	l annual report is true and accur	rate and	that	my sinn:	n section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am as required by Chapter 607, Florida, Statutes; and that my name appears	

SIGNATURE:

Daytime Phone #